

Work Order ID 117921

117921

Page 1

May-05-14 2:27:13 PM

Item ID: D4728-041 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: LH Cabin Speaker #1
 Start Date: 5/05/14 Start Qty: 15.00 *15* Cust Item ID:
 Required Date: 7/31/14 Req'd Qty: 15.00 *15* Customer:
 Reference:

Approvals: Process Plan: MLS Date: 14-05-05 Tooling: _____ Date: _____ Run Start *NR1*
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D4728	D								

110 0.00

110

Outsource8

Memo

0.00

Outsource process- Eagle

Issue P/O to Eagle : 24054
 Manufacture as per dwg
 Certificate of conformity required

CY 14/05/05

120 Receive & Inspect for Damage & Mat'l Certs 0.00

120

Packaging

Memo

0.00

Packaging

Inspect and check certificate of conformity

15k 8/14-8-20

130 QC4- 100% Inspect kits for completeness 0.00

130

QC

Memo

0.00

Quality Control

15 Q Q 14/08/20

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Design											
Doc/Data											
Equip/Tooling											
Handling/Pre											
Material											
Operator											
Offset/Setup											
Process											
Supplier											
Training											
Transport											
Unapproved											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

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Page 2

Item ID: D4728-041 Accept ***N900040100*** Setup Start ***NS1***
Revision ID: Stop ***NS2***
Item Name: LH Cabin Speaker #1
Start Date: 5/05/14 Start Qty: 15.00 ***15*** Cust Item ID:
Required Date: 7/31/14 Req'd Qty: 15.00 ***15*** Customer:
Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
140	Identify as per dwg & Stock Location: <i>MF</i>	0.00							
140									
Packaging	Memo	0.00				<i>15x</i>	DAS 28	AUG 21 2014	
Packaging							9-89		
150	QC21- Final Inspection - Work Order Release	0.00							
150									
QC	Memo	0.00				<i>MLJ</i>	<i>14-08-21</i>		
Quality Control									

MLJ 14-08-21

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

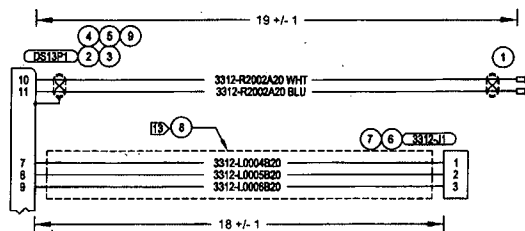
Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%; border: none;"> <tr> <td style="width:15%;">Skid-tube <input type="checkbox"/></td> <td style="width:15%;">Crosstube <input type="checkbox"/></td> <td style="width:15%;">Water Jet <input type="checkbox"/></td> <td style="width:15%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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LIST OF MATERIALS				
QTY PER	ITEM	PART NUMBER	DESCRIPTION	SUPPLIER
	2	1	640911-1	
	1	2	M24308/4-2Z	TYCO ELECTRONICS
A/R (5)		3	M39029/64-369	
	1	4	M85049/48-2-2F	
	2	5	M24308/26-1F	
	1	6	1-480303-0	TYCO ELECTRONICS
A/R (3)		7	60617-1	TYCO ELECTRONICS
A/R (18)		8	XPF-1/4	EDMO
	1	9	MS25036-148	



D4728-041 LH SPEAKER #1 HARNESS ASSY.

NOTES:

- ALL NEW UNSHIELDED WIRE USE M22759/41-xx-9 TYPE WIRE UNLESS OTHERWISE SPECIFIED (M22759/41-XX-X IS NOT INTENDED TO BE USED IN SOLDER APPLICATIONS, SOLDERABILITY CAN BE ACHIEVED WITH THE PROPER SOLDER. USE CRIMP SPLICES FOR REPAIR).
- ALL NEW TWISTED SHIELDED CABLE USE M27500-xxTGT14 TYPE CABLE UNLESS OTHERWISE SPECIFIED.
- ALL WIRES 20 AWG UNLESS OTHERWISE SPECIFIED.
- IDENTIFY/CODE ALL WIRES AND CABLES IN ACCORDANCE WITH 39-A-AWDP-00-X WIRING DATA PUBLICATION.
- KEEP ALL JUMPERS, LOGIC STRAP, POWER, CHASSIS AND SIGNAL GROUND WIRES AS SHORT AS POSSIBLE.
- ALL TERMINALS TO BE INSTALLED IN ACCORDANCE WITH 39-A-AWDP-00-X WIRING DATA PUBLICATION.
- ALL ELECTRICAL GROUNDING AND BONDING TO BE INSTALLED IN ACCORDANCE WITH 39-A-AWDP-00-X WIRING DATA PUBLICATION.
- ALL CONNECTORS TO BE INSTALLED IN ACCORDANCE WITH 39-A-AWDP-00-X WIRING DATA PUBLICATION.
- ENSURE ALL UNUSED CONNECTOR CONTACTS ARE FILLED WITH SPARE PINS/sockets OR PLASTIC GROMMET SEALING PLUGS.
- A DOT (•) BEFORE A CONNECTOR CONTACT LETTER DENOTES LOWER CASE.
- UNITS: INCHES UNLESS OTHERWISE NOTED.
- IDENTIFY CONNECTORS WITH SHRINK SLEEVE LABELS.
- EQUIVALENT PARTS ARE ACCEPTABLE TO USE.

117921 ML5
14-05-05

RELEASED
2014-01-22

D	PN: IS5083 CHANGED TO D4845-1 PN: BR9741-401-001 CHANGED TO D4638-1 D4728-059 LENGTH CHANGED	MM	14.01.09
C	ADDED MS25036-148 ON LIST OF MATERIALS PN: M24308/26-1F QTY. CHANGED TO 2 INSTEAD OF 1 NOTE: ADDED ON AFFECTED SHEETS	MM	13.08.28
B	D4728-057 PIN NO. CHANGED	MM	13.07.22
A	NEW ISSUE	MM	12.09.26
REV.	DESCRIPTION	BY	DATE
DESIGN	DA	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	DA		
CHECKED	DE	DRAWING NO.	REV. D
MFG. APPR.	LI	D4728	SHEET 1 OF 15
APPROVED	DE	TITLE	SCALE
DE APPR.	DE	UTILITY INTERIOR WIRING HARNESS	NTS
DATE	14.01.09	<small>COPYRIGHT © 2013 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____


Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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	Dart Aerospace Ltd. 1270 Aberdeen Street Hawkesbury, ON K6A 1K7 Tel: 613 632 9577 Fax: 613 632 1053
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PO REPRINT

Purchase Order ID PO24054

Purchase Order Date 5/2/2014

PO Print Date 8/15/2014

Page Number 1 of 9

Order From :	VU-POS001	Ship To :	DART AEROSPACE LTD
POSITRONIC INDUSTRIE INC.		1270 ABERDEEN	
423 N CAMPBELL AVE		HAWKESBURY, ON K6A 1K7	
SPRINGFIELD, MO 65806		CANADA	
USA			

Contact Name	Buyer	Michael Gregoire
Vendor Phone	Customer POID	
	Customer Tax #	10127-2607
Ship To Contact	Terms	Net 30
Ship To Phone	Currency	USD
	FOB	FCA - (Free Carrier)
Ship Via		
Ship Acct		

Line Nbr	Reference Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable Promise Date	CD	Req. Qty/ Unit of Measure	PO Unit Price	Extended Pric
	Line Comments						
	Delivery Comments						
1	D4728-041P	LH Cabin Speaker #1	8/27/2014 Yes 8/27/2014		15.00 Each	\$45.18	\$677
	Manufacture as per Drawing D4728 rev.D B117921						
	Mfg# CC3986-V01						
	SP14-8-20						
	Line Total:						\$677
2	D4728-042P	RH Cabin Speaker #1	8/27/2014 Yes 8/27/2014		15.00 Each	\$38.75	\$581
	Manufacture as per Drawing D4728 rev.D B117924						
	Mfg# CC3986-V02						
	SP14-8-18						
	Line Total:						\$581

PO Instructions: ***NOTE***
Fedex acc#151793240

Will accept earlier deliveries

Note:

Packing Slip

Cage Code: 54YW5
Page: 1 of 2

Ship To: MIKE GREGOIRE
DART AERO
1270 Aberdeen St
Hawkesbury ON K6A 1K7
Canada

Phone:
Fax:

Sold To: MIKE GREGOIRE
DART AERO
1270 Aberdeen St
Hawkesbury ON K6A 1K7
Canada

Phone:
Fax:

Ship Date: 8/15/2014
Ship Via: FedEx Intl Economy

F.O.B.: FOB SHIPPING POINT
Carrier: Federal Express

CustID: 22558

Waybill #: 780130355349

Pack Slip:
36648



Salesperson
Leo Giannakopoulos

Terms: Net 30 Days

P.O. # PO24054



S.O. # 20843



SHIPPING INTERNATIONALLY-COMMERCIAL INVOICE/ CERTIFICATE OF ORIGIN REQUIRED

This order acknowledgement contains cable assemblies for which Dart Aerospace has requested to receive a prototype shipment of 1 piece along with an AS9102 First Article Inspection Report prior to the commencement of the production quantity build. As a result, Positronic has scheduled the shipment of one prototype piece (FA unit) and the inspection report (FAIR) at the lead time quoted for your cable assembly.

After Dart Aerospace acknowledges the FA unit meets the criteria to which it was built, by signing the acceptance paperwork which will accompany the shipment, the production quantity will be built to ship at a reduced lead time.

For PO24007 FA units are scheduled to ship at 8 weeks, and after receipt of a customer signed FAIR a 6 week production lead time for cables on PO24054 will begin.

The production lead time does not begin until the First Article Inspection Report is returned signed by the customer. The date of 07/31/2020 is used on your order acknowledgement to indicate production lines for which lead time has not yet begun, pending FA Unit/ FAIR shipment and approval.

SHIPPING TO CANADA-CANADA CUSTOMS/NAFTA DOCUMENTS REQUIRED

Line\Rel	Part Number	Rev	Planned Qty	Shipped Qty	Back Order Qty	UOM
1\1	CC3986-V01 D4728-041	2	15.0000	15.0000 ✓		EA
Total Net Weight: 0.00 G						





8/14-8-20

8/15/2014 9:25:40AM

Packing Slip

Cage Code: 54YW5

Page: 2 of 2

Line\Rel	Part Number	Rev	Planned Qty	Shipped Qty	Back Order Qty	UOM
Manufacturer: Positronic Industries Caribe, Inc.		Country of Origin: United States				
HTS # 8538908040						
Customer Part \ Rev D4728-041 \ D						
						
Lot Number 02573933014				Lot Qty 15.0000		
DATE CODE 30/14						

Shipping Package Information						
	Length	Height	Width	UOM	Weight	UOM
1	11.00	13.00	8.00	IN	3.00	LB

Certificate of Conformance

WE CERTIFY THAT THE PRODUCT(S) FURNISHED FOR THE PURCHASE ORDER LISTED ABOVE HAS (HAVE) BEEN MANUFACTURED IN ACCORDANCE WITH POSITRONIC INDUSTRIES' ENGINEERING DRAWINGS AND MANUFACTURING PROCEDURES, AS WELL AS TO CUSTOMER SPECIFICATIONS AS LISTED ON THE PURCHASE ORDER. PHYSICAL AND CHEMICAL TEST DATA ARE ON FILE FOR VERIFICATION. PRODUCTS AND PACKAGING CONTAIN NO MERCURY. POSITRONIC INDUSTRIES WARRANTS NO ODS-CLASS I OR CLASS II(S) ARE USED IN THEIR MANUFACTURING PROCESSES; OR IN THE DESIGN, TESTING, ASSEMBLY, HANDLING, TRANSPORTATION, OR MAINTENANCE OF ANY PRODUCT THAT IT PRODUCES. ENGINEERING DATA AND EVIDENCE OF INSPECTION MAY BE SUPPLIED FOR VERIFICATION OF CONFORMANCE TO APPLICABLE MILITARY AND COMMERCIAL REQUIREMENTS.

Date: 8/15/14 Signed: [Signature]

QA Representative

8/15/2014 9:25:40AM



CANADA CUSTOMS INVOICE

Page 1 of 1

Shipment ID:

1. Vendor (name and address) Positronic Industries Caribe, Inc. 101 Carr #591 Ponce, 00728 PR		2. Date of direct shipment to 08/15/14		3. Other References (include Purchase Order number) PO24054, 20843	
4. Consignee (name and address) DART AERO 1270 Aberdeen St Hawkesbury, ON K6A 1K7 CA		5. Purchaser (if other than Consignee) DART AERO 1270 Aberdeen St Hawkesbury, ON K6A 1K7 CA			
		6. Country of Transshipment N/A			
		7. Country of Origin of Goods See Section 12			
8. Transportation: Give mode and place of direct shipment to Canada Federal Express Broker:		9. Conditions of Sale and Terms of Payment Ex Works			
		10. Currency of Settlement USD			
11. No of Pkgs	12. Specifications of Commodities (type of packages, marks and numbers, general description and characteristics, i.e. grade or quality)	13. Qty	Selling Price 14. Unit Price 15. Total		
	Part for use with elect connector 1kV max 8538908040 US	15	38.75	581.25	
18. If any of field 1 to 17 are included on an attached commercial invoice. Check this box <input type="checkbox"/> Commercial Invoice No. _____		16. Total Weight Net Gross		17. Invoice Total 581.25	
				1	
19. Exporter (name and address if other than Vendor)		20. Originator (name and address) Same as Vendor #1			
21. Departmental Ruling (if applicable)		22. If field 23 to 25 are not applicable, check this box. <input checked="" type="checkbox"/>			
23. If included in field 17, indicate amount:		24. If not included in field 17, indicate amount:		25. Check (if applicable)	
I. Transportation charges, expenses and insurance from the place of shipment to		I. Transportation charges, expenses and insurance from the place of shipment to		I. Royalty payments or subsequent proceeds are paid or payable by the purchaser <input type="checkbox"/>	
II. Costs for construction, erection and assembly incurred after importation into		II. Amounts for commissions other than buying commissions		II. The purchaser has supplied goods or services for use in the production of these goods <input type="checkbox"/>	
III. Export packing		III. Export packing			

COMMERCIAL INVOICE

Positronic Industries Caribe, Inc.
101 Carr #591
Ponce, 00728
PR

INCO Terms: Ex Works

Ship Via: Federal Express

Currency: USD

Invoice #: 19,926

Invoice Date: 08/15/14

Waybill Number 780130603111

ITN Number NO EEI 30,36
Unit Value

Page 1 of 1

B
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T
O

DART AERO
1270 Aberdeen St
Hawkesbury, ON K6A 1K7
CA

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H
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O

DART AERO
1270 Aberdeen St
Hawkesbury, ON K6A 1K7
CA

HTS	Description	Cntry of Origin	Qty Shipped	Unit Price	Extended Price
8538.90.8040	Part for use with elect connector 1kV max	US	15	38.75000	581.25

Reference: PO24054,

Order Total	
Sales Tax/VAT	0.00
TOTAL INVOICE	581.25

THESE COMMODITIES, TECHNOLOGY OR SOFTWARE WERE EXPORTED FROM THE U.S. IN ACCORDANCE WITH THE EXPORT ADMINISTRATION REGULATIONS FOR ULTIMATE DESTINATION US. DIVERSION CONTRARY TO U.S. LAW PROHIBITED.

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DEPARTMENT OF THE TREASURY
UNITED STATES CUSTOMS SERVICE

NORTH AMERICAN FREE TRADE AGREEMENT
CERTIFICATE OF ORIGIN

19 CFR 181.11, 181.22

Shipment ID: 780130355349

1. EXPORTER NAME AND ADDRESS

Positronic Industries Caribe, Inc.
101 Carr #591
Ponce, 00728
PR

2. BLANKET PERIOD (MM/DD/YY)

FROM 01/01/14

TO 12/31/14

3. PRODUCER NAME AND ADDRESS

Same as Shipper

TAX IDENTIFICATION NUMBER:

4. IMPORTER NAME AND ADDRESS

DART AERO
1270 Aberdeen St
Hawkesbury, ON K6A 1K7
CA

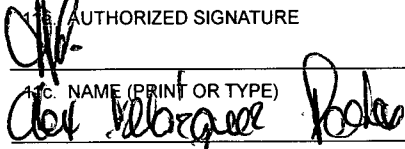
TAX IDENTIFICATION NUMBER:

5. DESCRIPTION OF GOODS	6. HS TARIFF CLASSIFICATION NUMBER	7. PREFERENC E CRITERION	8. PRODUCER	9. NET COST	10. COUNTR Y OF
CC3986-V01 D4728-041	8538908040	B	YES	NO	US

I CERTIFY THAT:

- THE INFORMATION ON THIS DOCUMENT IS TRUE AND ACCURATE AND I ASSUME THE RESPONSIBILITY FOR PROVING SUCH REPRESENTATIONS. I UNDERSTAND THAT I AM LIABLE FOR ANY FALSE STATEMENTS OR MATERIAL OMISSIONS MADE ON OR IN CONNECTION WITH THIS DOCUMENT;
- I AGREE TO MAINTAIN, AND PRESENT UPON REQUEST, DOCUMENTATION NECESSARY TO SUPPORT THIS CERTIFICATE, AND TO INFORM, IN WRITING, ALL PERSONS TO WHOM THE CERTIFICATE WAS GIVEN OF ANY CHANGES THAT COULD AFFECT THE ACCURACY OR VALIDITY OF THIS CERTIFICATE;
- THE GOODS ORIGINATED IN THE TERRITORY OF ONE OR MORE OF THE PARTIES, AND COMPLY WITH THE ORIGIN REQUIREMENTS SPECIFIED FOR THOSE GOODS IN THE NORTH AMERICAN FREE TRADE AGREEMENT, AND UNLESS SPECIFICALLY EXEMPTED IN ARTICLE 411 OR ANNEX 401, THERE HAS BEEN NO FURTHER PRODUCTION OR ANY OTHER OPERATION OUTSIDE THE TERRITORIES OF THE PARTIES; AND
- THIS CERTIFICATE CONSISTS OF PAGES, INCLUDING ALL ATTACHMENTS.

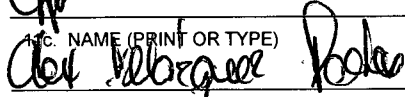
11a. AUTHORIZED SIGNATURE



11b. COMPANY

Positronic Industries Caribe, Inc.

11c. NAME (PRINT OR TYPE)



11d. TITLE

SHIPPER

11e. DATE (DD/MM/YY)

15/08/14

11f.
TELEPHONE
NUMBER

(Voice)

787-841-0920

(Facsimile)